

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830468 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	2		/			
9	/		/			
10	2		/			
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TOTAL IND.	2		2			
TOTAL DEP.	28	↔	26	↔		
TOTAL CLAIMS	30	28	26	24	22	20

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↔	
TOTAL DEP.					↔	
TOTAL CLAIMS					↔	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS